



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
SPECIAL EDUCATION – COMPLIANCE
DUE PROCESS HEARING REQUEST NOTICE FORM-MODEL FORM

Directions

Your due process hearing request must be accompanied by a notice which includes the following information:

- Name of student
- Name of agency/district child is attending
- Name and address of Parent/Guardian
- Description of the nature of the problem relating to proposed initiation or change to the identification, evaluation, placement, or the provision of a free appropriate public education
- Proposed resolution of the problem to the extent known

If you have questions on how to complete the form, please call the Special Education Division, Compliance Section, at (573) 751-0602, or RELAY MISSOURI, 1-800-735-2966 (Telecommunications device for the deaf).

MAIL completed form to: Missouri Department of Elementary and Secondary Education (DESE)
Division of Special Education-Compliance
Post Office Box 480
Jefferson City, MO 65102-0480

Or FAX to: (FAX) 573-526-4404 Attention: Compliance Section

Contact Information

Child's Name	County
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Agency/District Name

Parent/Guardian Name: _____
Address: _____
City, State, & Zip: _____
Phone: Home _____ Work _____

Description of the nature of the problem: (Additional pages may be attached)

Proposed resolution of problem if known: (Additional pages may be attached)